

# **Statements of Position**

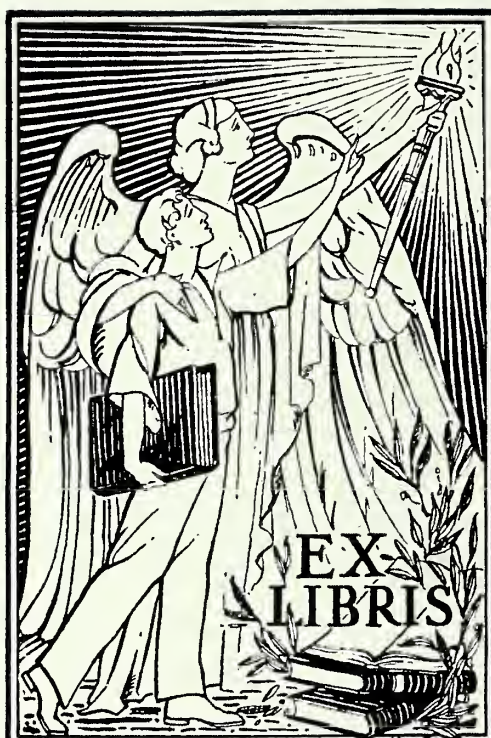
**Council for Exceptional Children  
Division for the Visually Handicapped**

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In 1981 the Division for the Visually Handicapped published a collection of five position papers that represented the collective thinking of the membership with reference to current issues concerning the education of visually handicapped children and youth. These papers addressed the topics of **continuum of services, role and function of the teacher of visually handicapped students, specialized certification, funding, and state consultants.**

In 1982, the Division published position papers that addressed the topics of **teacher preparation** and of **education of multi-impaired visually handicapped students.**

DVH recognizes the importance of taking a consolidated position on various issues for the purpose of providing informed, professional input in both local and national arenas which may impact the quality and extent of educational services provided to the visually handicapped. For this purpose, a process was adopted which has allowed for maximum review and revision by the DVH membership so that position papers written by individuals truly reflect the opinions of the total membership.

Four more position papers are now ready for dissemination and are presented in this booklet. They address the issues of **gifted/visually handicapped children, programs for visually handicapped infants and young children, low vision, parent/educator cooperation.**

As with the 1981 and 1982 publications, the format of this publication is designed to allow for additions and easy use of the various papers depending upon need. Permission is granted to members to reproduce this publication in total or in part when credit is given to the Division for the Visually Handicapped and the individual author of the position paper.

It is the sincere hope of the Executive Officers and the Publications Committee of DVH that this material will be useful to you in your professional role. Your comments and suggestions are welcome. You are also encouraged to submit additional issues and papers for review by the membership for possible inclusion in this publication. It is only with a consolidated effort that we will bring our message to the decision makers and truly influence our professional commitment to better education for visually impaired persons.



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# Education of Gifted/Visually Handicapped Children

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## Overview

Gifted handicapped students have traditionally been underserved and interest in their education has only recently begun to surface. There have been historic patterns of discrimination affecting their lives and educational opportunities, e.g., underemployment. Recent legislation has spurred public interest in the handicapped and people feel an urgency to comply with mandated guidelines. The disabled have suddenly become a visible minority as accommodations in public buildings, signs and reserved parking spaces demonstrate their rights. Strong advocacy is needed, however, to heighten public sensitivity to the problems of disabled students who are also gifted.

## Who are These Children?

Gifted and talented children are those identified by professionally qualified persons who, by virtue of outstanding abilities, are capable of high performance. These students require differentiated programs and/or services beyond those normally provided by the regular school program. Gifted and talented students include demonstrated or potentially superior abilities in areas of:

- General intelligence
- Specific academic aptitude
- Creative or productive thinking
- Leadership
- The visual and performing arts
- Any combination of the above

Who are these children we call gifted/visually handicapped? They may be defined as gifted children who are also identified and eligible for services for the visually handicapped.

Special educational provisions must be made in order for these children to achieve their potential. To be adequately served, they need to be identified and provided with a well-planned, systematic education based on individual needs, abilities and disabilities. Education should do more than help gifted/visually handicapped children survive. An appropriate education requires the cultivation of the student's special gifts and talents, in addition to meeting unique needs as a visually handicapped person.

## Problems in Identification and Placement

Children who must integrate these two exceptionalities, their giftedness and their visual handicap, need a program that responds to their special needs in these four categories:

- Identification
- Curricular modifications
- Trained staff and support services
- Psychological needs and counseling

While there is no one program or prototype suitable for gifted/visually handicapped pupils, all four areas should be considered in both program development and pupil placement. In the United States, Public Law 94-142 guarantees the education of handicapped children in the "least restrictive environment." How can we identify these children and provide access to a challenging environment? The identification process must be keyed into proper placement for the individual child. In some instances this may be a program for the visually handicapped, a regular classroom with support services or a special class for gifted students or another

setting for the handicapped with support from gifted services. This process must consider not only the types of placements available but also make recommendations on appropriate curricular adaptations, support services and required learning aids.

Identifying giftedness in visually handicapped children is a complicated process at best. Norms are not always well-established for adapted editions of tests and much research is needed in this area. Barriers to assessing true potential are caused by additional factors such as poor self-concept or apathy on the part of the child who has not been exposed to a challenging environment. The TAG (Talented and Gifted) Committee on the Handicapped should include a person knowledgeable in gifted/talented education. This might aid considerably in identification and programming for gifted/handicapped children. Identification and placement should stress the development of appropriate goals and objectives for educational programming and services needed to achieve those objectives and not solely deficit-oriented IEPs (Individual Education Plans).

Identification, assessment and programming must attend to strengths as well as weaknesses and carefully provide children with services in the least restrictive environment. Parents should be fully advised, consulted and informed concerning their child's total needs and learning requirements. Approaches to parent concerns regarding educational placement need to be clear and comprehensive. A primary concern is that children should not become dead-locked into a particular placement alternative because of visual disability. They must receive appropriate instruction in a non-discriminatory educational system. In any case, no matter what the placement, the child must be prepared to live in a non-handicapped, non-segregated world in which his/her gifts and talents will be valued along with the non-handicapped gifted.

### **Improved Educational Services**

There is a great need for communication between educators of the gifted and those concerned with the visually impaired. This cooperation will benefit both groups by focusing on the full range of human development towards potential. By acknowledging special needs among the gifted/visually handicapped, the level of instruction for all children will be stimulated. In addition, combined efforts are needed to promote research and to encourage application of theory and innovative programs.

There must be appropriate training in both inservice and preservice courses for educators if they are to realize their obligations to students who are gifted and visually handicapped. There are specific ways to provide improved educational services that apply to both the regular and special educator. Realistic teacher training programs should stress competency in the following areas:

- Knowledge of student abilities and disabilities and how these individual differences affect learning.
- Competence in methods of disability-related skills development and compensation.
- Implications of visual impairment on the identification process.
- Adaptive strategies for assessment and interpretation of results.
- Adaptive strategies necessary for curricula modifications.
- Proficient and judicious use of devices, aids, technological equipment, and other resources and support services.
- Awareness of the psychological and counseling needs of the gifted handicapped student.
- Demonstrated attitudes of cooperation with educators of the gifted since teamwork is a necessary part of educational services.
- Careful attention to the development of the students' social skills and relationships with both normal and disabled peers.
- Good interpersonal relations with parents providing information, advisement, and support.
- Realistic expectations in regard to both gifts and disabilities.

A well-trained teacher with adequate support services determines, to a great extent, how successfully the gifted/visually handicapped child meets the challenges of a demanding environment.

## **Expanding Horizons**

Beginning with early childhood, exposure to community learning experiences should be an integral part of the gifted/visually handicapped child's educational program. Maximum efforts must be made to establish linkage between school and community and development of learning alternatives which mainstream students into ongoing community-based programs. It is very important for gifted/visually handicapped students to participate in internships and other community-based projects so they will be able to relate, work and function with ease in the community along with the opportunity to serve as a tutor or volunteer. Public awareness and support are required since the special needs of visually handicapped students must be assisted by financial and human resources from both the public and private sector. These learning experiences provide exposure and exploratory opportunities not ordinarily available to disabled students. Gifted students who are visually handicapped must be given opportunities to compete successfully not only in school and similar settings but also in independent world-of-work situations. Advocacy must be strong to solicit sponsors and mentors to bridge this gap which has been a chasm leaving many gifted individuals who are disabled either unemployed or underemployed. There is a visible leadership of some gifted and handicapped persons who have been advocating for the civil rights of handicapped children. These leaders in liaison with parents and educators can affect how and to what extent society responds to gifted children with disabilities. These children need assistance from all quarters if they are to enter adulthood as secure and valued individuals who have the potential to make significant contributions to society.

*NOTE: This position paper was adapted from one prepared by Kathryn T. Hegeman for the 1981 Committee for the Gifted Handicapped of the Association for the Gifted, Council for Exceptional Children.*



# Programs for Visually Handicapped Infants and Young Children

*Written by participants of the VIIIth International Seminar on Preschool Blind and Visually Impaired, March 31-April 4, 1982, Scottsdale, Arizona.*

Practice, experience, research and the literature affirm the importance of the need for early intervention that will enhance the development of infants and young children with visual impairments. Expert assistance through appropriate educational programs is especially critical in order to support the family, particularly the mother or primary care-giver. Services for visually impaired infants and young children, and their parents, should be available as soon as the impairment is recognized. This position paper outlines basic principles that must be addressed in the implementation of early intervention educational programs. Although in prevalence, blind/visually impaired children represent the smallest group among the "exceptional", they have the most differentiated needs. Adequate services for them and their parents must be provided in a society committed to the education and well being of **all** children.

## **Developmental Needs**

Blind/visually impaired infants and young children have unique developmental needs. Vision is the primary organizing and integrative sense for the sighted child; the remaining senses, particularly the tactile and auditory, become most important for the child with a visual impairment. These senses can seldom be used optimally by the child to organize and integrate his world unless specific training, particularly in the areas of symbolic operations and concept development, is introduced to maximize efficient utilization of all senses, including residual vision. The child with residual vision requires specific training and activities designed to promote optimal use of remaining vision. An intervention program that emphasizes the teaching of parents to teach their child must be provided to facilitate this process of learning through all sources of sensory input.

The blind/visually impaired child's orientation to the world around him is different from that of the sighted child. This dramatically influences development in all areas, including cognitive, affective, psychological, motor and exploratory learning, making early intervention, direct teaching/learning and provision of many and varied experiences mandatory. When a visual impairment is compounded by other handicaps, additional needs result that may require the attention of professionals with expertise in other areas. Regardless of the extent and types of impairment(s), coordinated assistance from qualified professional persons with knowledge of the effects of a visual impairment is essential.

A visual impairment has an immediate and lasting impact on the family. The psychological reaction experienced by parents, brothers, sisters and extended family members at the time of diagnosis cannot be over emphasized. From the time the visual impairment is identified, the family and child should have available ongoing, individualized support and services. A primary focus should be on the establishment and fostering of a continuous affectionate bond between parent and child. It is essential that all involved parties work together toward the common goal of facilitating the child's optimal development.

## **Recommended Practices**

Blind and visually impaired infants and young children have the same needs as all children. They are more alike than different from other children. It is the differences that must be addressed by specialized educational programs. When vision is impaired, learning is often disorganized and fragmented; all areas of development are affected and concepts are altered. The blind child has access to learning about the world only when the primary care-givers consciously and consistently provide experiences that make maximum use of all sensory channels. Systematic learning does not occur incidentally nor spontaneously.

Educational services may be provided in the home, day schools, centers, residential schools, or in any combination of these settings. Regardless of the setting, effective intervention practices should include:

1. recognition and acceptance of the family as the most influential factor in the child's growth and development;

2. immediate information and support services designed to give comfort, assurance and confidence geared toward the development of effective parent-child interaction;
3. services and assistance that are frequent, ongoing, and take into account the family's values, needs and preferences;
4. comprehensive services made available to children and families as soon as the visual impairment is recognized;
5. services and programs individually designed to meet the global and specific needs of each child;
6. instruction and experience in daily life activities that will enhance the cognitive, social, effective and physical development of the child;
7. services of specialists who are appropriately trained in the education of visually impaired children and in the processes of assessment, planning, evaluation and program placement;
8. coordination with the medical community as a partner in the provision of comprehensive services for the visually impaired child;
9. ongoing inservice and professional development for all staff as well as parents.

These principles apply to services for all blind and visually impaired infants and young children, including those with additional impairments.

### **Competencies and Functions of Personnel**

The development of visually impaired children is a complex process the understanding of which demands a variety of special skills and knowledge on the part of professionals. In addition to the specialized professional competencies of the numerous service providers, such as teachers of the visually impaired, orientation and mobility specialists, family counselors, speech therapists, social workers, physical therapists, occupational therapists, medical and health care workers and others, additional competencies are needed to provide effective and efficient service to visually impaired infants, young children and their families.

Service Providers. All service providers for the child and family should have knowledge of normal infant and early childhood development including visual development. In addition, they should receive ongoing inservice education on the following:

1. knowledge of the impact of a visual impairment on early childhood development;
2. knowledge and understanding of the impact of the etiology of the visual impairment on behavior and development;
3. knowledge and understanding of the impact of a visual impairment on the child, family, and social environment.

Support Personnel. In addition to the above, support personnel should demonstrate the ability to adapt their specialized training to meet the unique needs of the blind and visually impaired infants and young children.

Primary Service Provider. The primary service provider should have the following additional competencies:

1. skill and sensitivity in working with the parents through effective communication and the ability to share and exchange methods that will enhance the child's overall development;
2. ability to assess functional vision and to plan effective strategies for training visual efficiency;
3. ability to adapt and use developmental assessment instruments designed for normal children as well as those specifically designed for visually impaired infants and children;
4. ability to identify the specific needs of the child and his/her family, and to coordinate and implement a program to meet these needs utilizing support personnel and other community resources.

Since many visually impaired infants and young children have additional handicaps, service personnel also need to have an understanding of the impact of combinations of handicaps on the children and their

development in order to provide support and assistance to parents which will assist them to better understand and accommodate for their children's specific needs.

Additional competencies may be required of professional personnel when serving children from diverse geographic, ethnic and economic communities.

### **Responsibilities of Personnel Preparation Facilities**

It is imperative that individuals designing and implementing training programs include the following considerations for preparing personnel to work with blind and visually impaired infants and young children:

#### General Personnel Preparation

1. Training options should be developed for all levels of personnel including paraprofessionals and volunteer staff who are or will be working with visually impaired infants and young children;
2. Generic introductory special education courses should include specific components related to the blind and visually impaired infant and young child.

Specific Personnel Preparation: For those providing direct services to blind and visually handicapped infants and young children, such as teachers and orientation and mobility specialists, personnel preparation programs should include:

1. a minimum of one course in early development and methods for teaching the visually impaired infant and young child;
2. a minimum of one early childhood practicum placement;
3. exposure to all service delivery options for infants and young children through field visits and/or placements;
4. provision for the ongoing professional development of certified or previously trained personnel through special seminars, guest speakers, and specially designed courses.

Format: Personnel preparation facilities should develop outreach training options including media and independent study packages for individuals who cannot attend traditional classes. These activities should be included in program planning:

1. cooperative arrangements between colleges/universities and direct service providers so that the development and implementation of the preparation program for all personnel becomes a cooperative, continuous and comprehensive effort;
2. program coordinators work with other disciplines (i.e., medicine, psychology, social work, nursing, occupational and physical therapy, public health, and other support personnel) to insure that the needs of visually impaired infants and young children are addressed at both the preservice and inservice level for all support personnel.



# Low Vision: Topics of Concern

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## Optical Aids

### Introduction

Although magnification of objects has been possible for many centuries, fear of deterioration of vision through use, and a lack of expertise in the production of lightweight lenses limited the development of optical aids until the first half of the twentieth century.

Optical aids, sometimes referred to as low vision aids, consist of one or more lenses placed between the eye and the object to be viewed. Such aids are designed to maximize the visual abilities of individuals by altering the size and/or position of the "projection" of an object on the retina. They may also affect the amount of light transmitted to the eye. Thus, tinted lenses placed in spectacle frames can be considered optical aids when prescribed for the purpose of enhancing impaired vision. Some electronic aids, such as closed circuit television systems, are also considered optical aids. Optical aids are widely used by visually handicapped children in educational settings.

### Position

Properly prescribed optical aids are devices which are essential for maximizing a child's visual functioning. Any child who can benefit from the use of an aid should receive a clinical evaluation by an ophthalmologist or optometrist who is knowledgeable in the prescription of such devices, and the agency or school providing educational services to the child should help the child's family in obtaining prescribed aids.

Whenever possible, every attempt should be made to develop a system of lending aids to a child for a trial period prior to the time a prescription is actually made. This may minimize the novelty effect of new aids and, therefore, reduce the chances that an inefficient aid will be prescribed. Optical aids do not "cure" impaired vision: they simply allow a child to make maximum use of low vision. Optical aids may be used in conjunction with other strategies to maximize visual functioning such as environmental modifications and non-optical aids.

Due to the optical restrictions imposed by many aids, some children will require instruction in their use beyond that provided by the eye specialist. Teachers of visually handicapped children are in a unique position to offer such instruction. They are aware of the relationship between the use of aids and the visual demands of school tasks, and are in a position to observe a child using an aid over a period of time. In addition, teachers can observe and respond to a child's psychosocial reactions to the use of aids. Special education teachers and orientation and mobility instructors who received their professional training prior to the development of the body of knowledge about optical aids should update their skills through inservice education.

Referrals for the prescription of aids can be made on the basis of teacher observations with respect to a child's measured visual acuity and visual functioning. Children who are functioning at levels below their chronological age and children who have multiple handicaps should not be excluded from these evaluations.

One of the roles of the teachers of visually handicapped children is to "perform functional vision assessments." (See position paper: The Role and Function of the Teacher of the Visually Handicapped.) With parental approval, the teacher may share the assessment with the low vision eye specialist along with a list of tasks which make visual demands of the child in the school setting. This will provide the eye specialist with guidelines for prescribing aids. It is also recommended that teachers accompany their pupils to the clinical evaluation whenever possible. In addition to learning about specific techniques for using a new aid and offering information about the child's visual behavior, the teacher of the visually handicapped child should make recommendations regarding the mounting system for the aid. The advantages of some aids may outweigh the advantages of others in a specific setting.

The sophistication of an aid does not necessarily correspond with its usefulness. It is important to note that each optical aid possesses advantages and disadvantages, and the use of one type of aid may be suitable for one particular child but may not be appropriate for another. Some children will require only one aid to meet their visual needs, while other children will require two or more to accomplish the same purpose.

Counseling may be advisable to assist children in the acceptance of aids. At certain times in a child's school career (often during adolescence), a child may become self-conscious about using aids. A child's desire to remain inconspicuous should be respected as long as the child is able to function effectively in the school setting. The appearance of an aid should also be considered when a mounting system for the aid is determined. When aids are introduced at an early age and children have developed good habits of usage, they tend to be more readily accepted than when they are introduced at later ages.

Parental concerns regarding the use of aids should also be considered. Parents may view an aid as a stigmatizing object rather than as a device which promotes independence. The specific use of an aid should be outlined for parents as well as for regular classroom teachers so that all concerned with the child's education may assist and encourage efficient usage.

## **Large Print**

### **Introduction**

In the early part of this century, classes for the partially sighted were called "sight-saving" or "sight-conservation" classes. These classes operated on the assumption that ordinary use of impaired vision, or, in particular, the use of impaired vision to the point of eye strain, could cause permanent and irreparable damage to the eyes. It was believed that if a visually handicapped child could read large print (usually considered 18 point) from a near-normal reading distance rather than labor to see standard print (usually considered 12 point) at a close reading distance, then eye strain would be minimized and a child's vision would be less prone to deterioration. This is now known to be inaccurate.

Today, it is common belief that, in almost all cases, use of impaired vision does not lead to any deleterious ocular effects. Regardless of the distance at which reading materials are held, use of vision by either normally sighted or visually handicapped children does not harm the eyes. Thus there is no medical reason to discourage visually handicapped children from either using optical aids, such as high plus spheres, and/or from bringing print as close to their eyes as necessary in order to see print clearly.

In general, studies conducted on the use of large print with the visually handicapped have been inconclusive and the efficacy of such print remains controversial.

Both the use of large print at a normal or near-normal reading distance (10 to 14 inches) and the use of standard print at a close reading distance (for example, 3 to 6 inches) serve the same purpose: both enlarge the size of the retinal "image" of the print. When light that is reflected from print enters the eye, it is focused on the retina forming a retinal image. As the size of the image increases, the image is magnified. The size of the retinal image of print increases as the actual physical size of the print increases and/or as the viewing distance between the eye and the print decreases. When the retinal image is enlarged, print usually becomes more visible to the sight-impaired eye.

Books in standard-size print are usually less expensive to use than large print books, even if additional cost is incurred for optical aids that are required for the use of standard print. A book in standard print is also more accessible and less cumbersome than an often heavy and unwieldy large print book. Furthermore, large print books are rarely available to visually handicapped persons after high school. If a child learns how to use standard print materials, he will be prepared for any type of future employment where the use of standard print is required, but the same cannot be said of the child who reads only large print materials.

### **Position**

It is recommended that visually handicapped individuals use standard rather than large print whenever possible and when appropriate to the task and ease of use. Large print is recommended only when standard print is not within an individual's visual range (even with the use of optical aids) or when specific psychological factors necessitate its use. In general, large print may be indicated when an individual must place his eyes at a distance of two inches or less from 12 point type in order to see the print, or when an individual insists that large print is more comfortable and easier to read than regular print. In such cases other reading media, such as recordings and braille, should also be considered. When appropriate, the individual should be given the option of selecting the medium or media most suitable to meet his needs.

# Parent/Educator Cooperative Efforts in Education of the Visually Handicapped

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Recent research findings have substantiated what teachers of handicapped children have known for years based on clinical experiences -- direct involvement of parents in the education of their children results in significantly greater gains for the handicapped child. The Division for the Visually Handicapped of the Council for Exceptional Children affirms the need for the cooperative efforts of parents, children and teachers. To establish such partnerships, teachers must be committed to working with parents in arrangements where each party has distinct roles and responsibilities, and in which both are willing to exert a 100% effort to bring about an environment conducive to optimal functioning of visually handicapped children.

In order to facilitate this partnership, teachers and parents of visually handicapped children should approach the relationship with:

- Recognition that parents are their children's first and most important teachers
- Assumption that parents know their child better than anyone else
- Recognition of the permanence of parenthood and the burdens and expectations it imposes
- Recognition of the various roles parents must play including those of nurturer, teacher, advocate, case manager, and a realization that these roles cannot be assumed easily or without preparation due to the structure and complexity of today's educational laws
- Insight into the right to dislike the disability and/or its manifestations, but with a need for acceptance of the child as an individual
- Realization that teachers and parents are not in competition for the love or attention of children
- Insight into the needs of visually handicapped children without irrational expectations or fears
- Empathy for and outreach to all parents of visually handicapped children including efforts to establish active parent support groups
- Commitment to educate the public about the characteristics and needs of visually handicapped children so that similarities as well as differences in relation to normally sighted peers may be accepted
- Realization that parents and teachers have the need to interact according to their own personal styles, idiosyncracies and desires
- Mutual trust and cooperative effort
- Mutual recognition of each party's individuality and expertise
- Understanding of the necessity for an open and honest relationship
- Willingness to communicate and honestly discuss situations, particularly when there is a disagreement or a lack of understanding
- Realization that, if differences of opinion occur, those differences should be directly addressed by the persons involved rather than with anyone else

- Reciprocity in sharing information
- Openness to suggestions
- Knowledge about and utilization of all available services and resources
- Ability to make decisions based on the best information and advice currently available, and reluctance to place blame for mistakes on any one party
- Awareness that the best interests of the child always override all other considerations
- Recognition that a positive approach is important when working with children
- Reciprocity of parent/child/teacher efforts to understand behavior and behavior change
- Willingness to reinforce each other's instructional efforts for the sake of the child's learning continuity and achievement
- Awareness of children's strengths, and enjoyment of their progress
- Ability to help visually handicapped children develop and maintain self-esteem
- Understanding when making decisions that consideration must be given to the fact that visually handicapped children will grow into visually handicapped adults
- Concern for child abuse, both mental and physical, imposed at home or in school, and an agreement to seek help from appropriate sources if needed
- Recognition and appreciation of the needs of family members of the visually handicapped child so efforts can be made to balance the energy and commitment of services to meet the needs of all family members

For an educational program to be most effective, the parent/educator partnership should be mutually cooperative and supportive; it should have an impact beyond the immediate circle of individual participants working with the child. When actively nurtured and developed, this partnership stimulates and nurtures to the maximum extent possible the growth and development of the child with a visual impairment and facilitates the child's unique contribution to family and ultimately to society at large.



# Council for Exceptional Children

## Division for the Visually Handicapped

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